

Maine Employer Account Number	Employer's Name
	Employer's Address

Authorization is hereby made for an adjustment to the account for the following reasons: \_\_\_\_\_

Quarter Ending \_\_\_\_\_ (A separate form must be submitted for each quarter.)

Item	A. Amount Reported	B. Corrected Amount	C. Difference	Contribution Rate
1. Total Wages	\$	\$	\$	%
2. Wages in Excess of \$12,000 Per Employee	\$	\$	\$	
3. Taxable Wages	\$	\$	\$	
4. Contributions Tax	\$	\$	\$	CSSF Rate: <b>.05% for 2008-2009</b>
5. CSSF <sup>1</sup> Tax	\$	\$	\$	<b>.06% for 2010</b>

6. Total Overpayment \$\_\_\_\_\_ (Do not reduce future tax liabilities by this credit.)

7. Total Underpayment \$\_\_\_\_\_ (Please remit payment with this report.)

**> > Make Check or Money Order Payable To: TREASURER, STATE OF MAINE < < <**

8. INDIVIDUAL EMPLOYEE WAGE CORRECTIONS					
Employee's Social Security Number	Name of Employee	Originally Reported		Corrected Amounts	
		Nonseasonal (T)	Seasonal (P)	Nonseasonal (T)	Seasonal (P)

Date	Signature	Title	Telephone
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<b>QUESTIONS ABOUT THIS NOTICE?</b> Contact a Representative at (207) 621-5120      Fax: (207) 287-3733 TTY (Deaf / Hard of Hearing): 1-800-794-1110      E-mail address: <a href="mailto:division.uctax@Maine.gov">division.uctax@Maine.gov</a>
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